

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	hm	10801	2/1
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	yumb	108231	3/27/00
RESPONSE FORMALITY REVIEW	yumb	108231	5/23/00

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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